Substitute for Form 1449/PTO					Complete if Known		
INFORMATION DISCLOSURE OIPE STATEMENT BY APPLICANT					Application Number	10/826,816	
					Filing Date	04/15/2004	
					First Named Inventor:	Thomas L. Credelle	
	To the second	(use as	many sheets as necessary)	Art Unit	1734		
JUL 8 0 20					Examiner Name	Kimberly Keil McClelland	
SHAPI DEMAN	MO 1		of	2	Attorney Docket Number	3424P053D	
COE SALE			U.S. PAT	ENT DOCUMENTS	<u> </u>		
Examiner Initials*	ials*		Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Signature	Kin McClelland		00/20/2001

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ı					Examiner Name	Kimberly Keil McClelland		
Sheet	2		of	2	Attorney Docket Number	3424P053D		
				NON PATENT LIT	TERATURE DOCUMENTS			
Examiner Initials* Cite No Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published				date, page(s), volume-issue	T²			
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